MCEP ACCREDITING AGENCY 3835 North Freeway Blvd., Suite 240 SACRAMENTO CA 95834-1955

TEL: (916) 286-7980 FAX: (916) 286-7985

Mandatory Continuing Education for Psychologists (MCEP)

MCEP Credit Reporting Form

This Form is used to report courses that are directly authorized for MCEP credit by law or BOP regulation rather than by a recognized accrediting agency. The purpose of this report is to integrate MCEP credit from all sources into one complete record for each psychologist. If you need further assistance with this report, call the accrediting agency at the number above.

<u>Submit this form</u> with a copy of an attendance certificate or letter of verification for each course listed (**do not send original certificates**). The regulated \$35 filing fee must be enclosed in order for this report to be processed. **Make checks payable to MCEP or fill out credit card authorization below. Mail or fax to the above address. Faxed reports must include a charge payment to be processed. <u>Do not both mail and fax information</u>.

Please allow up to three weeks for your form to be processed and at that time we will mail you an updated copy of your educational record.

your educational recor	a.						
Date: Lic. #: PSY			Lic. Renewal Date:				
Last Name:			First Name:				
Phone:			Fax: (optional)				
Address:							
City:		State:			Zip:		
Email Address: (op	otional)						
Date Distance	Learning		Course T	itle		# of Cre	dit Hours
Yes	/ No						
Yes	/ No						
Yes	/ No						
Yes	/ No						
Yes	/ No						
Yes	/ No						
Yes	/ No						
Yes	/ No						
Yes	/ No						
Yes	/ No						
**The regulated	\$35 filing fee	must be e	enclosed i	in order	for this r	eport to be	processed.
Credit Card # (Visa, Maste	er Card, American Ex	press, Discover):					
Expiration Date:	xpiration Date: Verifi						
Signature:						Form 07 BOP 15	(revised 6/1/2006)